

**CALIFORNIA BOARD OF ACCOUNTANCY**

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Fingerprinting Packet Request

RESET

Please complete this form if you would like fingerprinting information sent to you.

I would like to request the following fingerprinting packet (check one):

- ☐ Request for Live Scan Service form (BCII 8016)
- ☐ Two Fingerprint Cards

Last Name

First Name

Middle Initial

I would like the fingerprinting packet sent to me at the following address:

If a Business, please include Business Name.

Mailing address

City

State

Zip
